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(44 USC 2107 Note)  
NW 53217 6/20/17

~~SECRET~~

8 JUL 1979

MEMORANDUM FOR: Edwin A. Brubaker  
Chief, Central Cover Staff

ATTENTION : William Koehler  
C/COB/CCS

FROM : Dorwin M. Wilson  
Acting Chief, Latin America Division

SUBJECT : Authorization to Pay Medical Bills

1. You are authorized to pay medical bills acknowledged and submitted by this Division in connection with medical services performed for, and on behalf of, the Cuban political prisoners who were former Agency assets and have recently been released by the Castro Government.
2. These funds should be drawn from the LPEQUAL account established for this purpose.

/s/ Dorwin M. Wilson

Dorwin M. Wilson

DDO/C/LA/STB/WSturbitts:esm (X9127) (2 Jul 79)

Distribution:

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*René González*  
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~~SECRET~~

RE ACCOUNT NO. 104-10217-10118  
**THOMPSON H. BOYD, M. D.**  
 SUITE 505  
 550 BRICKELL AVENUE  
 MIAMI, FLORIDA 33131

MR. REINOL GONZALEZ

| DATE                    | TREATMENT CODE | DESCRIPTION | CHARGES | PAYMENTS | BALANCE |
|-------------------------|----------------|-------------|---------|----------|---------|
| <b>BALANCE FORWARD:</b> |                |             |         |          |         |
| MAY 30 79               | 1              |             | 100.00  |          |         |
| MAY 30 79               | 27             |             | 25.00   |          |         |
| MAY 30 79               | 31             |             | 8.00    |          |         |
| MAY 30 79               | 36             |             | 25.00   |          |         |
| MAY 30 79               | 60             |             | 8.00    |          |         |
| MAY 30 79               | 61             |             | 6.00    |          |         |
| MAY 30 79               | 66             |             | 28.00   |          |         |
| MAY 30 79               | 72             |             | 10.00   |          |         |
| MAY 30 79               | 76             |             | 6.00    |          |         |
| JUN 07 79               | 3              |             | 20.00   |          | 216.00* |
| JUN 07 79               | 21             |             | 7.50    |          | 243.50* |

Orig. to Finance/  
 cc: to CCS / both on 28 June 1979 per Bill Sturbitts, LAD.

PRINTED ON 07-07-79

THOMPSON H. BOYD, M. D.  
 550 BRICKELL AVENUE - MIAMI, FLORIDA 33131  
 EXPLANATION OF CODE ON REVERSE SIDE  
**PLEASE CAREFULLY READ REVERSE SIDE**

So that we may better serve you, our office phone 379-1767 is in service 24 hours a day. If for some reason there is no answer, call 649-7200. Please keep these two numbers readily available, along with your pharmacist's telephone number.

Federal Law requires a physician's authorization for refills on certain prescriptions. To prevent a delay please have all medications refilled during office hours, 9:00 A.M. to 5:00 P.M. Monday through Friday. At this time your medical records are available, so that we may properly record refills and medications prescribed.

## EXPLANATION OF CODE

|                                 |                                       |                                |
|---------------------------------|---------------------------------------|--------------------------------|
| 1. COMP. HISTORY & PHYSICAL     | 30. CO <sub>2</sub> CARBONATING POWER | 60. SEDIMENTATION RATE         |
| 2. OFFICE CALL, BRIEF           | 31. COMPLETE BLOOD COUNT              | 61. SEROLOGY                   |
| 3. OFFICE CALL, REGULAR         | 32. CREATININE                        | 62. SCOT                       |
| 4. OFFICE CALL, LONG            | 33. CULTURE                           | 63. SCOT                       |
| 5. INITIAL HOME VISIT WITH HIST | 34. SENSITIVITY STOLES                | 64. SIGMOIDOSCOPY              |
| — PHYS. & PREP. OF RECORDS      | 35. CYTOLOGY                          | 65. SMA 12                     |
| 6. INTENSIVE CARE, HOURS        | 36. ELECTROCARDIOGRAM                 | 66. SMAC                       |
| 7. HOSPITAL VISIT, EMERGENCY    | 37. EKG PLUS EXERCISE                 | 67. SWEAR                      |
| 8. HOSPITAL CONCOMITANT CARE    | 38. GLUCOSE TOLERANCE HOURS           | 68. SODIUM                     |
| 9. CONSULTATION-COMPLETE EXAM.  | 39. HEMATOCRIT & HEMOGLOBIN           | 69. STOOL FOR OVA & PARAS      |
| 10. CONSULTATION-LIMITED EXAM   | 40. HETEROPHILE                       | 70. STOOL CULTURE              |
| 11. HOSP. DISCH. DATE & CHARGES | 41. IRON BINDING CAPACITY             | 71. T-3                        |
| 12. HOME VISIT                  | 42. IRON, SERUM                       | 72. T-4                        |
| 13. HOME VISIT, LABORATORY      | 43. LDH                               | 73. TRIGLYCERIDES              |
| 14. MEDICAL REPORT              | 44. LATENT FIXATION                   | 74. TSH                        |
| 15. ANTIHNUCLEAR ANTIBODY       | 45. LIPOPROTEIN ELECTROPHORESIS       | 75. URIC ACID                  |
| 16. AUSTRALIAN ANTIGEN          | 46. L. E. PREP                        | 76. URINALYSIS                 |
| 17. BILIRUBIN TOTAL             | 47. LIPO FRACTIONATION                | 77. WBC                        |
| 18. BILIRUBIN TOT., DIR. & IND  | 48. LIVER BIOPSY                      | 78. INJECTION                  |
| 19. BLEEDING TIME               | 49. LUMBAR PUNCTURE                   | 79. CHEMOTHERAPY INS           |
| 20. BLOOD SUGAR                 | 50. PHOSPHATASE, ALKALINE             | 80. CHOLERA VACCINE            |
| 21. BLOOD SUGAR IP, C. GLUCOLAT | 51. PHOSPHATASE, ACID                 | 81. FLU VACCINE                |
| 22. BONE MARROW & REPORT        | 52. PHOSPHORUS                        | 82. TOXINE TEST                |
| 23. BUN                         | 53. PLATELET COUNT                    | 83. TETANUS TOXOID VACCINE     |
| 24. CALCIUM                     | 54. POTASSIUM                         | 84. TYPHOID VACCINE            |
| 25. CEA                         | 55. PROTEIN ELECTROPHORESIS           | 85. MEDICATION                 |
| 26. CHEST X-RAY (PA)            | 56. PROTHROMBIN CONSUMPTION           | 86. PULMONARY FUNCTION STUDIES |
| 27. CHEST X-RAY (PA & LAT)      | 57. PROTHROMBIN TIME                  | 87. _____                      |
| 28. CHLORIDES                   | 58. PTT                               | 88. _____                      |
| 29. CHOLESTEROL                 | 59. RETICULOCYTE COUNT                | 89. _____                      |

BIOCHEMISTRY ASSOCIATES INTERNATIONAL

MEDICARE NO. 1G-8031

PHYSICIAN SOCIAL SECURITY NUMBER 346-16-9255

## MEDICARE PATIENTS — PLEASE READ

This statement (bill) is necessary for you to receive your Medicare benefits. DO NOT WRITE ON IT, DEFACE IT IN ANY MANNER, OR MISPLACE IT. It is the patient's responsibility to keep the itemized statements intact and to send them to MEDICARE, GHI, INC., along with form SSA-1490D. Part I of this form is to be completed by the patient and NOT by your physician. If you need assistance in filling out this form, please contact your local Medicare Office.

Tests other than SMA 12 and SMAC are done manually.